

Codicil to Last Will and Testament

Made this [Date] day of [Month], [Year]

I, [Your Full Name], residing at [Your Address], hereby declare this to be a codicil to my Last Will and Testament dated [Date of Original Will].

Health Care Directives

I direct that in the event that I become unable to make medical decisions for myself, my health care wishes are as follows:

1. I wish to receive all necessary medical treatment to sustain my life.
2. In the event of a terminal illness, I do not wish to prolong my suffering and prefer palliative care to be administered.
3. I appoint [Name of Agent] as my health care proxy to make medical decisions on my behalf when I am unable to do so.

This codicil amends, modifies, and supplements my Last Will and Testament. All other parts of my will remain in full force and effect.

Signed this [Date] day of [Month], [Year].

[Your Name]

Witnessed by:

[Witness Name]

[Witness Name]